	(18	17
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Effective December 29, 1999

2) SPEC SLAIMS AS FILED - PART I (Column 1). (Column 2)					SMALL ENTITY OTHER THAN						
FOR	130	NUMBER		NUMBER E	XTRA	RATE	FEE	ſ	RATE	FEE	
BASIC FEE					345.00	OR	200	690.00			
TOTAL CLAIMS 30 minus 20= 1/0				X\$ 9=		OR	X\$18=	180			
INDEPENDENT CLAIMS 4 minus 3 =						X39=		OR	X78=	78	
MULTIPLE DEPENDENT CLAIM PRESENT								OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2								OR	TOTAL	948	
يس.ا	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY										
Y Y		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total •	AMENDMENT 3	Minus	3	= /	X\$ 9=		OR	X\$18=	10	
MEN	Independent -	/ /	Minus	4	=3	X39=		OR	X78=	200	
⋖	FIRST PRESEN	TATION OF MU	LTIPLE DEPE	NDENT CLAIM		+130=		OR	+260=		
	•	,	TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	10				
7-26-64 (Column 1) (Column 2) (Column 3)									,		
4T B		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	AMENDMENT - 3	Minus	· 31	= ()	X\$ 9=		OR	X\$18=		
JEN	Independent	. 8	Minus	··· 7	= /	X39=		OR	X78 ⁸ €	26	
¥	FIRST PRESE	NTATION OF MI	ULTIPLE DEP	ENDENT CLAIM	1	120		1	+260=		
						+130=		OR	TOTA	286	
						ADDIT. F		JOR	ADDIT. FE		
		(Column 1)		(Column 2)	(Column 3)	1		_		1	
NTC	į.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE	
OME	Total	•	Minus	••	=	X\$ 9=		ОЯ	X\$18=		
AMENDMENT	Independent	•	Minus	***	=	X39=			X78=	ì	
Ĭ _₹	FIRST PRESE	NTATION OF M	IULTIPLE DEI	М	+130		OF	200			
	If the entry in colu	mn't is less than	the entry in colu	ımn 2, write "0" in	column 3.	TO	AL	OF	TOTA	V.	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** TOTAL OR ADDIT. FEE ** ADDIT. FEE ** TOTAL OR ADDIT. FEE ** TO											